



**Office of Congressman Robert Wittman Privacy Release Form**

*In accordance with the Privacy Act, it is necessary for you to complete and sign this form authorizing this office to obtain the information necessary to respond to your request for assistance. By signing this form you understand any documents you provide to Congressman Wittman and his staff may be copied and forwarded to officials of the relevant agency and all federal agencies are allowed a minimum of 30 days to respond to congressional inquiries.*

Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please provide your Social Security number or any agency case numbers which reference your case (i.e. OWCP Claim Number, A-Number or USCIS Receipt Number, VA Claim Number, Military ID)

\_\_\_\_\_

Please explain the nature of your problem and attach any correspondence which supports your statements or relates to your case. If necessary, use additional paper to complete.

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\_\_\_\_\_

Please state the outcome you are seeking: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax or mail your completed form to your nearest district office, addressed to:

**Congressman Rob Wittman**

**Stafford Office**  
95 Dunn Drive  
Ste. 201  
Stafford, VA 22556  
Phone: (540) 659-2734  
Fax: (540) 659-2737

**Tappahannock Office**  
508 Church Lane  
P.O. Box 3106  
Tappahannock, VA 22560  
Phone: (804) 443-0668  
Fax: (804) 443-0671

**Yorktown Office**  
401 Main Street  
P.O. Box 494  
Yorktown, VA 23690  
Phone: (757) 874-6687  
Fax: (757) 874-7164